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TRICARE  
MANAGEMENT ACTIVITY

MB&RS

CHANGE 7  
6010.47-M  
MAY 16, 2003

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to the 6010.47-M, reissued March 2002.

**CHANGE TITLE:** DRG-BASED SYSTEM CHANGES, FY 2002 CPT CODE UPDATE, AND RAISING PAYMENT RATES FOR CERTAIN PROVIDERS TO THE PHYSICIAN LEVEL.

**PAGE CHANGE(S):** See pages 2 and 3.

**SUMMARY OF ADDITIONS/REVISIONS:** This change includes wage index changes and several other changes to the DRG-based payment system; FY 2002 CPT code updates; and raises the payment rate for certain providers to the physician level to follow Medicare policy.

**EFFECTIVE DATE AND IMPLEMENTATION:** The Effective Date is January 1, 2002 for CPT coding updates and August 1, 2003 for all other changes unless otherwise stated. The Implementation Date is August 1, 2003.

This change is made in conjunction with May 1999 ADP Manual, Change No. 37 and Mar 2002 Reimbursement Manual, Change No. 17.

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## SUMMARY OF CHANGES

The 2002 CPT update continues the implementation of the American Medical Association's CPT 5 Project recommendations. The CPT 2002 includes a new section for Health and Behavior Assessment/Intervention, a new section for Home Health Procedures/Service and Home Infusion Procedures, and a new section for Category III Codes. The codes for Home Health Procedures/Service and Home Infusion Procedures are included in the Home Services policy. There are more than 700 code changes found in CPT 2002. Only the new codes and sections are addressed in this update.

### CHAPTER 1

1. Section 3.1 (**Home Services**) (90801, 90802, 90804-90815, 90847, 90862, 99341-99350). The new non-physicians CPT codes 99500-99507, 99511-99512, 99539, 99551, 99552, 99554-99569 were added to procedure code range. The new procedure code range is Physician codes: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350, Non-physician codes: 90801, 90802, 90804-90815, 90847, 90862, 99500-99507, 99511, 99512, 99539, 99551, 99552, 99554-99569. New CPT codes 99508 (home sleep studies), 99509 (ADL), 99510 (home visit for individual, family, or marriage counseling and 99553 (home infusion for tocolytic therapy, per diem) are excluded under the Basic Program.
2. Section 3.1A (**Health And Behavior Assessment/Intervention**) (New Section). A new category for **Health And Behavior Assessment/Intervention** is established to mirror the CPT 2002 changes. The procedure code range for new CPT codes 96150-96155 may be considered for cost sharing.
3. Section 3.2 (**Patient Transport**) (New Section). A new category for **Patient Transport** is established to mirror the CPT 2002 changes. New CPT codes 99289, 99290 are covered under 32 CFR 199.4 (a)(1)(i).
4. Section 10.1A (**TRICARE Prime-Clinical Preventive Services**) (No CPT Code Range). Added new CPT code 76085 under mammography.
5. Section 16.1 (**Ophthalmological Services**) (No procedure code range). Added new procedure code range to policy. The new range is 92002-92060, 92070-92140, 92225-92235, 92240-92287. New CPT code 92136 is within new code range. Added CPT code 92065 to Exclusion.
6. Section 22.2 (**Neurology And Neuromuscular Services**) (95812-95999). No change. New CPT codes 95965-95967 are within procedure code range.
7. Section 24.2 (**Photodynamic And Photochemotherapy (PUVA)**) (96571, 96900-96913). Changed chapter heading and other references from "PHOTOTHERAPY" to "PHOTODYNAMIC." New CPT code 96567 added to procedure code range. The new procedure code range is 96567, 96570, 96571, 96900-96913.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 1 (Continued)

8. Section 25.1 (**Physical Medicine/Therapy**) (93668, 96000-96004, 97001-97002, 97010-97530, 97532, 97533, 97542-97750, and 97799). New CPT codes 97005, 97006 are excluded from coverage. CPT code 97010 is deleted from code range as it is not separately cost-shared. The new procedure code range is 93668, 96000-96004, 97001-97002, 97012-97530, 97532, 97533, 97542-97750, and 97799.
9. Section 25.3 (**Occupational Therapy**) (97003-97004, 97532, 97533, 97535, 97799). Added CPT code 97150 that was inadvertently omitted to procedure code range. CPT code 97150 is not a new code. New code range is 97003-97004, 97150, 97532, 97533, 97535, 97799.
10. Section 27.2 (**Echocardiogram For Dental And Invasive Procedures**) (93303-93350). This policy was moved from Chapter 4, Section 1.4 to Chapter 1, Section 27.2. It is not a new benefit.

### CHAPTER 3

11. Section 1.1A (**CPT Category III Codes**) (0001T-00026T) (New Section) (New Category). Category III codes 0001T-0026T neither implies nor endorses clinical efficacy, safety, or the applicability to clinical practice. If a Category III code is available, this code must be reported instead of a Category I unlisted code. These codes are excluded from coverage except for 0024T, which is covered under the rare disease policy for children.
12. Section 1.2A (**General Surgery**) (New Section) (New Category in 2002 CPT update). A new category for **General Surgery** is established to mirror the CPT changes for fine needle aspiration (88170, 88171), bone marrow aspiration (85102) that have been renumbered and relocated to the Surgery section. Because these codes were located in the Pathology and Laboratory section of the CPT book, many payers and other users of CPT were not recognizing these codes as describing the actual procedures they represent. Therefore to provide clarity and to promote correct application of the codes for fine needle aspiration, bone marrow aspiration, and bone marrow biopsy, these codes were relocated to the Surgery section of CPT for CPT 2002. The new CPT codes are 10021, 10022. This is not a new benefit.
13. Section 1.6E (**Combined Liver-Kidney Transplantation**) (47150). No new codes. Adds effective date for Combined Liver Kidney Transplantations to be paid under the DRG.
14. Section 1.6H (**Pancreas Transplantation**) (Section Deleted). Policy was inadvertently overlooked when changes to the TRICARE Policy Manual were published.
15. Section 1.6J (**Combined Heart-Kidney Transplantation**) (33955). Adds effective date for combined heart-kidney transplantation to be paid under the assigned DRG.

## **SUMMARY OF CHANGES (Continued)**

### **CHAPTER 3 (Continued)**

16. Section 3.1 (**Musculoskeletal System**) (20000-22505, 22458-29909). New CPT codes 20526, 20551, 20553, 24300, 24332, 24343-24346, 25001, 25024, 25025, 25259, 25275, 25394, 25430, 25431, 25651, 25652, 25671, 26340, 29086, 29805-29807, 29824, 29900-29902, are within procedure code range. Changed procedure code range 22548-29909 to 22548-29902. New CPT 29999 code added to procedure code range. New CPT codes 20552, 20553 (Trigger point injection for `migraine headaches only) are excluded from coverage. CPT 20552 and 299553 are within new code range to provide coverage for other indications for trigger point injections. The new CPT code range is 20000-22505, 22458-29902, 29999.
17. Section 2.1 (**Integumentary System**) (10040-11977, 12001-19499, 97601, 97602). Added CPT codes 10021, 10022, 11981-11983 to procedure code range. Corrected code range to exclude services (15775-15839) when done for cosmetic purposes, The new procedure code range is 10021, 10022, 10040-11977, 11981-11983, 12001-15770, 15840-15845, 15851-19499, 97601, and 97602.
18. Section 5.1 (**Cardiovascular System**) (33010-33130, 33200-37799, 92950-93744, 93770, 93797-93799). No change. New CPT codes 33967, 33979, 33980, 35647, 35685, 35686, 36002, 36820, 92973, 92974, 93025 are within procedure code range.
19. Section 5.4 (**Intracoronary Stents**) (92980, 92981). Deleted exclusion "acute ischemia and acute myocardial infarction" to allow coverage. Also, deleted "in appropriately sized native vessels (<15mm length, > 3mm width)" from paragraph III.A.1. to clarify intent of policy. No new codes.
20. Section 6.2 (**Hemic And Lymphatic Systems**) (38100-38200, 38300-38999). New CPT codes 38220, 38221 were added to procedure code range. New procedure code range is 38100-38200, 38220, 38221, 38300-38999.
21. Section 8.1 (**Digestive System**) (40490-40831, 40899-49999, 96570, 96571). New CPT codes 43313, 43314, 44126-44128, 44203-44205, 45136, 46020, 47371, 47381, 49491, 49492 are within procedure code range. New CPT code 91123 added to procedure code range. The new procedure code range is 40490-40831, 40899-47362, 47371, 47379, 47381, 47399-49999, 91123, 96570, 96571. New CPT codes 47370, 47380, and 47382 are excluded from coverage.
22. Section 9.1 (**Urinary System**) (50010-53899). No change. New CPT codes 52001, 52347, 53431, 53444, 53446, 53448, 53853 are within procedure code range.
23. Section 10.1 (**Male Genital System**) (54000-55300, 55450-55899). New CPT codes 54162-54164, 54406, 54408, 54410, 54411, and 54415-54417, are within procedure code range. We added CPT code 55970 to the procedure code range. The new procedure code range is 54000-55300, 55450-55899, and 55970 and deleted CPT code 55980 from Exclusion E. CPT code 55980 is an exclusion under Chapter 3, Section 12.1.

## **SUMMARY OF CHANGES (Continued)**

### **CHAPTER 3 (Continued)**

24. Section 12.1 (**Female Genital System**) (11975-11977, 55970, 55980, 56405-58301, 58340, 58345, 58350, 38353, 58400-58671, 58679, 58800-58960, 58999). Added New CPT codes 58346, 59001 to procedure code range. New CPT codes 57155, 58953, 58954 are within procedure code range. The new procedure code range is 11975-11977, 55980, 56405-58301, 58340, 58345, 58346, 58350, 58353, 58400-58671, 58679, 58800-58960, and 58999, and 59001. Changed 38353 to 58353. We deleted CPT code 55970 from the procedure code range. CPT code 55970 is an exclusion under Chapter 3, Section 10.1.
25. Section 15.1 (**Nervous System**) (61000-64999). New CPT codes (64561, 64581, 64821-64823) are within procedure code range. Added therapeutic embolization (61624), which is within procedure code range) to policy to mirror CPT Manual format. This is not new benefit. New CPT codes 95965-95967 (magnetocephalography) are excluded from coverage.
26. Section 16.1 (**Eye And Ocular Adnexa**) (65091-65755, 65772-67720, 67227-68899). Updated CPT code range to agree with CPT manual. The new procedure code range is 65091-65755, 65772-68899. New CPT code 67225 is within new procedure code range.

### **CHAPTER 4**

27. Section 1.1 (**Diagnostic Radiology (Diagnostic Imaging)**) (70010-76499). All diagnostic radiology policies were combined into one policy to fit CPT manual format. This is not a new benefit. New CPT 2002 codes 76085, 76394, 76490 are within procedure code range. New procedure codes 95965-95967 (magnetocephalography) are excluded from coverage.
28. Section 1.4 (**Echocardiogram For Dental And Invasive Procedures**) (93303-93350). This section was moved to Chapter 1, Section 27.2.
29. Section 2.1 (**Diagnostic Ultrasound**). All diagnostic ultrasound policies were combined into one policy to fit CPT manual format. This is not a new benefit.
30. Section 3.1 (**Radiation Oncology**). All radiation oncology policies were combined into this chapter to fit the CPT manual format. This is not a new benefit. New CPT codes 77301, 77418 are within procedure code range.
31. Section 4.1 (**Nuclear Medicine**). All nuclear medicine policies were combined into one policy to fit CPT manual format. This is not a new benefit.
32. Section 4.2 (**Therapeutic Embolization**) (37204, 61624, 75894). Policy moved into Chapter 3, Section 15.1.

## **SUMMARY OF CHANGES (Continued)**

### **CHAPTER 5**

33. **Pathology** (80048-89399). No change. New CPT codes 82274, 83950, 86141, 86336, 87198, 87199, 87802-87804, 87902, 88380, are covered. New CPT code 99091 is excluded from coverage. However, these codes do not appear in the Policy Manual.

### **CHAPTER 12**

34. Section 8.1 (**TRICARE Overseas Program (TOP) Prime-Clinical Preventive Services**). Added new CPT code 76085 under mammography.